

## INSTRUCTIONS FOR COMPLETING THE HENNEPIN COUNTY CONCILIATION COURT COUNTERCLAIM FORM

**The following information is required to process your Conciliation Court Counterclaim. If required information is not provided, your counterclaim form and filing fee will be returned to you.**

1. Enter plaintiff(s) name, street address, city, state and zip code exactly as it appears on the original claim.  
*Note: If more than two plaintiffs use Additional Litigant Form.*
2. Enter defendant(s) name, street address, city, state, zip code and telephone number with area code (optional) **exactly** as it appears on the original claim form.  
*Note: Please verify that your address is correct. If more than three defendants use Additional Litigant Form.*
3. Enter the following information:
  - Amount owed (\$7,500 maximum)
  - Filing Fee \$55.00
  - Grand Total including filing fee
  - Date of Incident
  - **Brief description – (please use a size 10 font and keep document to one page)**
4. Sign the claim form and include your daytime phone number with area code. **Signature must be notarized.**
5. Make photocopies (see #6).
6. Bring or mail all of the following to the [Hennepin County Conciliation Court](#):
  - Signed original claim form
  - Copy of claim form – one for plaintiff and each defendant
  - Copy of conciliation court procedures sheet – one for plaintiff and each defendant
  - Filing fee (do not mail cash) - make check payable to Hennepin County Conciliation Court

Failure to include all of the above will result in your documents being returned to you without being filed. Do not attach exhibits to claim form. Please bring to court on the day of your hearing.

Conciliation Court Address is:  
350 South 5<sup>th</sup> Street  
Room 306 – City Hall  
Minneapolis MN 55415-0926

## CONCILIATION COURT PROCEDURES

You must provide a copy of this form to the court for the plaintiff and each defendant.

- **Failure to Appear:** Failure of defendant to appear at the hearing may result in a default judgment being entered for the plaintiff. Failure of the plaintiff to appear may result in dismissal of the action or a default judgment being entered in favor of the defendant on any counterclaim that has been asserted.
- **Questions:** All correspondence and inquiries should be addressed to the Conciliation Court.
- **Continuances:** The court administrator may change the date for trial if there is good cause for a continuance and a request for continuance is made at least five days (exclusive of Saturdays, Sundays and holidays) prior to trial. The court administrator may grant only one continuance per party, the maximum allowed is 30 days. A Judge must determine all other requests for continuance. All parties will be notified by the Court of any new date set for trial. The Court in its discretion may assess costs not to exceed \$50.00, either absolute or conditional, to the other party as a condition of granting an order for a continuance of any case.
- **Counterclaims:** The defendant may, if s/he has a claim against the plaintiff which is within the jurisdiction of the Court, file it with the Court not less than five days (exclusive of Saturdays, Sundays and holidays) before the trial date, upon payment of a filing fee. The Court will then notify the plaintiff of any such claim. Both the claim and counterclaim will be tried at the same time. If the counterclaim exceeds the jurisdiction limit of the Conciliation Court, see Minnesota General Rules of Practice for the District Courts, Rule 510.
- **Evidence:** Each party should bring to the trial all witnesses and exhibits, including repair bills and estimates, deemed necessary to prove his or her case. Upon request, the Court will issue subpoenas requiring witnesses to appear. There are additional costs for issuing subpoenas and it is the responsibility of the party requesting the subpoena to have it served.
- **Trials:** After hearing the evidence, the Judge will either make a ruling or take the case under advisement for later decision. The parties will be notified by mail of the Judge's decision. If a party changes his or her address, the Court must be notified.
- If the parties agree on a settlement prior to trial, each party who has made a claim or counterclaim shall promptly advise the Court in writing that the claim or counterclaim has been settled and that it may be dismissed. The plaintiff may notify the Court by completing the Notice of Settlement section on the claim form and filing it with the Court.

**\*\*\*COUNTERCLAIM\*\*\*****STATE OF MINNESOTA  
COUNTY OF HENNEPIN****FOURTH JUDICIAL DISTRICT  
CONCILIATION COURT**

The plaintiff(s) owe defendant(s) \$ \_\_\_\_\_, plus a \$ \_\_\_\_\_ filing fee, for a total of \$ \_\_\_\_\_, plus disbursements, because on or about, (month and year) \_\_\_\_\_, \_\_\_\_\_, the following event occurred. Briefly describe the event below.

Under oath, I swear the above statement of counterclaim is true and correct to the best of my knowledge, and that the person(s) being sued are at least 18 years of age, and not in the military service.

Signed \_\_\_\_\_

Title of Representative: \_\_\_\_\_

Daytime telephone: (\_\_\_\_\_) \_\_\_\_\_

Plaintiff #1

Address

City/State/Zip

Plaintiff #2

Address

City/State/Zip

**VERSUS**

Defendant #1 – person or company being sued

Address

City/State/Zip

Defendant #2

Address

City/State/Zip

Defendant #3

Address

City/State/Zip

**Failure of defendant to appear at the hearing may result in a default judgment being entered for the plaintiff. Failure of the plaintiff to appear may result in dismissal of the action or a default judgment being entered in favor of the defendant on any counterclaim that has been asserted.**

SUBSCRIBED AND SWORN TO BEFORE ME

NOTARY STAMP OR COURT  
SEAL

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY – DO NOT WRITE BELOW****IMPORTANT NOTICE TO THE PARTIES****You are hereby summoned to appear at the hearing of the above entitled case at :**Minneapolis - Room 320 City Hall – 350 South 5<sup>th</sup> St, Mpls MN 55415 – 612/348-2713Minneapolis - Room 314 City Hall – 350 South 5<sup>th</sup> St, Mpls MN 55415 – 612/348-2713

TIME: \_\_\_\_\_ AM/PM

DATE: \_\_\_\_\_

COURT \_\_\_\_\_ CALENDAR

CLERK: \_\_\_\_\_ CODE: \_\_\_\_\_

**\*\*\*\*\*COUNTERCLAIM\*\*\*\*\*****Notice of Settlement**

The above-entitled case having been settled, the same may be and hereby is dismissed with my consent.

Date: \_\_\_\_\_

\_\_\_\_\_  
Defendant's Signature